990 gran

OMB No 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.

nternal Revenue Service	► Go to wnww.lr.	s.gov/Form990 for instruction:	s and the latest info	rmation.	inspection :
A For the 2017 ca	ndar year, or tax year beginn	ing , i	017, and ending		,
B Check if applicable	C	·	**************************************	D Employer iden	tilication number
Address change	FREEDOM FRONTIER		4	45-1582	254
Name change	PO BOX 60049			E Talephone nun	
H	WASHINGTON, DC 20	039			
Initial return				(301)=;	358-5230
Final return/fermina	! 	•		and the second second	
Amended return				G Gross receipts	\$ 2,249,297.
Application pend	F Name and address of principal	officer John Jude	H(a)	is this a group return for si	bordinates? Yes X No
· 	Same As C Above	com caac	H(b)	Are all subordinates includ If No. attach a list (see in	ed? Yes No
Tax-exempt status	501(c)(3) X 501(c) (4) (insert no.) 4947(a)	(1) A	If 'No,' allach a kst (see in	structions) —
And the control of th		Y (meet mon) [Heav(e)			
	I/A			Group exemption number	
		Association Other	L Year of formation	2011 M.State of	legal domicile TX
Part Ist Summ	Pry				
1 Briefly de	ribe the organization's missio	on or most significant activities	See Schedul	<u>e_O</u>	
	التعاريق نب بن بن إن المواجد أنه إيف كارت			ب حج شورجها لقدر به القارب بعدالة	المواضع المواصل المواصل المواضع
2 Check this 3 Number o 4 Number o 5 Total num 6 Total unre b Net unrela					السواسا والمختص أنته المحالية
			PORKIEN		
2 Check this	box 🟲 📗 if the organization	discontinued its operations or	HEADERE BANGE	nan 25% of its net a	ssets.
3 Number o					1 3
4 Number o	independent voting members	of the governing body () to calendar year 2017 (Page) III	Hes 1b)	3 3 4	3
5 Total num	er of individuals employed in	calendar year 2017 (Pagy), lir	APY TO SOIR		0
6 Total num				E 6	Ö
7a Total unre	ated business revenue from P	art Vill, column (C), line 120	OBEN UT	- 7a	0.
b Net unrela	ed business taxable income fi	rom Form 990-T, line 34-	<u>ancin</u> , o i	7b	Ö.
				Prior Year	Current Year
P. Contribute	ns and grants (Part VIII, line)		 -		<u> </u>
6 Contribution				6,406,912.	2,249,297.
9 Programs	rvice revenue (Part VIII, line		· L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	income (Part VIII, column (A)		· L		
11 Other reve		es 5, 6d, 8c, 9c, 10c, and 11e)			
		must equal Part VIII, column (A), line 12)	6,406,912.	2,249,297.
13 Grants an	similar amounts paid (Part I)	(, column (A), lines 1-3)		4,967,486.	261,109.
14 Benefits p	id to or for members (Part IX	column (A), line 4)	-		
		benefits (Part IX, column (A),	lines 5 10)		
1C. Ordania				· · · · · · · · · · · · · · · · · · ·	
≝ 1	el fundraising fees (Part IX, or		-		
b Total fund	aising expenses (Part IX, colu	mn (D), line 25) >		化配送 医检验	TO SERVICE A
17 Other exp	nses (Part IX, column (A), lin	es 11a-11d, 11f-24e)		1,118,968.	1,927,957.
		qual Part IX, column (A), line a)K\ —		
	ss.expenses. Subtract line 18			6,086,454.	2,189,066.
R	on expenses, publicat mie lo	BOH INC 14		320,458.	60,231.
E 20 T-1-1	m-AVI an		Be	ginning of Current Year	
	s (Part X, line 16)		<u> </u>	<u>631,751.</u>	691,982.
2	ties (Part X, line 26)			0.	0.
22 Net assets	or fund balances. Subtract lin	e 21 from line 20		631,751.	691,982.
	ure Block		···	wajisa,	. 374,794.
The second secon				*	
ider penalties of percey	declare that I have grammed this return,	including accompanying schedules and stanformation of which preparer has any knew	lements, and to the best of	my knowledge and belief, it	is true, correct, and
whice nederation of o	purer (other than diricer) is based on all i	mormation of which preparer has any know	riedge	and the second s	*
	Arm Chial-	p.	I	7/0/11	***************************************
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		reparer's signature	Data	and the second	<u> </u>
I	*	La Carte Car	Date	Check if PTIN	
Paid Brad Elgin Brad Elgin self-employed P01377405					1377405
Preparer Firm's r					
	dress -4515 Perrin St			Fam's EiN ► 30-05	AF 45 4

Grove City, OH 43123

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

No ~

Form 990 (2017)

614-537-0956

Phone no

TEEA0113L 08/08/17

	m 990 (2017) FREEDOM FRONTIER	45-1582354	Page 2
Par	rtilli Statement of Program Service Accomplishments	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part III	4 755	<u>X</u>
1	Briefly describe the organization's mission		
	See Schedule O		
	and the same and the task that the same are the total the same and the		
- '			
2	Did the organization undertake any significant program services during the year which were	not listed on the orior	
_	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.	The state of the s	
3	Did the organization cease conducting, or make significant changes in how it conducting	cts, any program services? 📗 🦳 Yes	X No
	If 'Yes,' describe these changes on Schedule O	The second secon	
4	Describe the organization's program service accomplishments for each of its three is	argest program services, as measured by	expenses.
	Describe the organization's program service accomplishments for each of its three it Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gand revenue, if any, for each program service reported	rants and anacadons to others, the total e	ixperises,
		56 July 186	
4 a	a (Code) (Expenses \$ 2,061,510. including grants of \$	261,109) (Revenue \$)
	THE ORGANIZATION SUPPORTED GRASSROOTS EFFORTS SEEKIN	G TO EDUCATE THE GENERAL P	UBLIC
	ON VARIOUS ECONOMIC AND NATIONAL SECURITY ISSUES.		
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41:	b (Code:) (Expenses \$including grants of \$) (Revenue \$	}
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4 c	c (Code:) (Expenses \$) (Revenue \$))
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	# # 		
	d Other program services (Describe in Schedule O.)		
~ 0	(Expenses \$ Including grants of \$) (Revenue \$	5 :
4 e	e Total program service expenses ► 2,061,510.	A LOACHING A	<u> </u>
BAA		For	n 990 (2017)

Form 990 (2017) FREEDOM FRONTIER Partity Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes, 'complete Schedule A	1	·	х
2	Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	2	Х	
3	Old the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Oid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7	:	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	18		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		X
1	b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11.6		<u> </u>
. *	c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111		<u> </u>
12:	B Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X.
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> X</u>
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If Yes, complete Schedule F, Parts II and IV	15		Х
16	Old the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		x
AA	TEEA0103L 08/08/17	Form	990	(2017)

Form.990 (2017) FREEDOM FRONTIER Partity Checklist of Required Schedules (continued)

			Tes	NO
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J			Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20022 if Year I access these 28th through 28th and	23		_
	complete Schedule K. If 'No, 'go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ZAU		
	any tax-exempt bonds? d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24c		
	a Section 501(cV3), 501(cV4), and 501(cV29) organizations. Did the organization sources in the organization	24d		
	transaction with a disqualified person during the year? It 'Yes,' complete Schedule L, Part I	25a		Х
	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-FZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28b		X
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If Yes, complete Schedule L, Part IV	28c	4	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an enlity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301,7701-3? If 'Yes,' complete Schedule R, Part I	33:		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line I	34		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Ŷ
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		ii
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	•
AA			990 (2017)
			-	

Earth Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		
Check if Schedule O contains a response or note to any line in this Part V		·	\Box
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b		
c Did the organization comply with backup withholding rules for reportable payments to vendo		0	
(gambling) winnings to prize winners?	ors and reportable gaming	1 c	2 15 12
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	x State		
ments, filed for the calendar year ending with or within the year covered by this retui	rn 2a	0 30 00	
b if at least one is reported on line 2a, did the organization file all required federal em	ployment tax returns?	. 2b	W ADDRESS
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file 3 a Did the organization have unrelated business gross income of \$1,000 or more during	(see instructions)		
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	Titue Assi.	3a 3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signatur		30	-
financial account in a foreign country (such as a bank account, securities account, or	r other financial account)?	4a	X
b If 'Yes,' enter the name of the foreign country. ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and F			70
5a Was the organization a party to a prohibited tax shelter transaction at any time durin		5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited to	tax shelter transaction?	56	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c	<u> </u>
6a Does the organization have annual gross receipts that are normally greater than \$10 solicit any contributions that were not tax deductible as charitable contributions?	0,000, and did the organization	6a X	ľ
bilif Yes, did the organization include with every solicitation an express statement that such		6a X	<u> </u>
not tax deductible.	contributions or gins were	6b X	
7 Organizations that may receive deductible contributions under section 170(c).		200 3300	S COM
a Did the organization receive a payment in excess of \$75 made partly as a contribution	on and partly for goods and	27 10.3	4.6
services provided to the payor?	·	7 a	
bill 'Yes,' did the organization notify the donor of the value of the goods or services pro	ovided?	7 b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for v Form 8282?	which it was required to file	. 7c	
d If 'Yes, 'indicate the number of Forms 8282 filed during the year	7d		133
e Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersonal benefit contract?	7 e	
Did the organization, during the year, pay premiums, directly or indirectly, on a person		71	
g If the organization received a contribution of qualified intellectual property, did the organizal as required?	tion file Form 8899	7 g	
h if the organization received a contribution of cars, boats, airplanes, or other vehicles	. did the organization file a	79	+
101111036-01		7 h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma organization have excess business holdings at any time during the year?	intained by the sponsoring	AND MASS	48888
9 Sponsoring organizations maintaining donor advised funds.		8	५ अञ्चल
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a	30.00
b Did the sponsoring organization make a distribution to a donor, donor advisor, or rela	ated person?	9 b	+
10 Section 501(c)(7) organizations. Enter:		19 W.S. (47/8)	1250
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	es 10b		
11 Section 501(c)(12) organizations, Enter	1		India
a Gross income from members or shareholders	112		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 6		184
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	in lieu of Form 1041?	12a	3
bif Yes, enter the amount of tax-exempt interest received or accrued during the year	126	WW. 1245	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?		13a	
Note. See the instructions for additional information the organization must report on	Schedule O.	美国校	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	136		
c Enter the amount of reserves on hand	130		
14a Did the organization receive any payments for indoor tanning services during the tax	vear?	14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explana	ntion in Schedule O	14b	
BAA TEEA0105L 08/08/17		Form 990	(2017)

Rantivist Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company of other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Did the organization contemporarieously document the meetings held or written actions undertaken during the year by the following a The governing body? 8. b Each committee with authority to act on behalf of the governing body? 8 b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a X b Describe in Schedule O the process if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O Y 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15L If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 168 b If Yes, did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 4515 PERRIN ST GROVE CITY OH 43123 614-537-0956 BAA TEEA0106L 08/08/17 Form 990 (2017)

Form 990 (2017) FREEDOM FRONTIER									45-158		Page 7
Part-VII Compensation of Officers, Directors	ors, Tru	stee	s,	Key	/ Er	nplo	ye	es, Highest C	ompensated	Employe	es, and
Check if Schedule O contains a response	or note to	anv	line	e eri	this l	Pari	VII				П
Section A. Officers, Directors, Trustees, Ki								Compensate	d Employees		
1 a Complete this table for all persons required to be listed organization's tax year.	l. Report c	ompe	nsa	tion	for t	he ce	len	dar year ending wit	h or within the		
List all of the organization's current officers, directions compensation. Enter -0- in columns (D), (E), and (F) in the compensation of the compen	f no comp	bensa	ation) Wa	s pa	ııd.				amount of	,
 List all of the organization's current key employs List the organization's five current highest compensation (Box 5 of Form organization and any related organizations. 	ensated e	emple	ove	s (c	the	thai	1 ar	officer, director.	trustee, or key o	employee) the	
 List all of the organization's former officers, key of reportable compensation from the organization and any 	related or	ganız	atio	ns.		•	Á			re than \$10	00,000
 List all of the organization's former directors or truste organization, more than \$10,000 of reportable comper 	sation fro	om th	e o	rgan	ızatı	on a	nd	any related org <mark>an</mark>	izations		
List persons in the following order: individual trustees employees, and former such persons.										compensal	ed
X Check this box if neither the organization nor any relat	ed organiz	zation	con	nper)Sak	e an	y cu	irrent omcer, aireci	or trustee.	- 1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(A) Name and Title	(B) Average hours	Pos that	ilbon n one s bott dii	(do nox, box, n an o	ot che unles officer flruste	eck me s pers and a se)	e on	(D) Reportable compensation from	(E) Reportable compensation from	n amou	(F) slimated ant of other
	per week (list any hours for related	Q	5	Officer	ङ	Highest complayes	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	org	ipensation rom the janization d related anizations
	organiza tions below dotted	director	anal frustee		employee	compen					
	ine)	**	8			Saled					
(1) JOHN JUDE Treasurer	4	Х		Х				ο.		0.	0.
(2) KEVIN OBRIEN	1	Î	<u> </u>					<u></u> 0.			
President TIV POPTY	0	X	<u> </u>	X	jb.		_	0.		0.	0.
(3) JIM ROBEY Secretary	- 1 -	X	Á	x	1			0.		0.	0.
		1		_			_	· ·		0.1	<u> </u>
										-	
6	42						-				
<u></u>			<u> </u>	-			-				
(8)											
<u>(9)</u>		†									
(10)											· · · · · · · · · · · · · · · · · · ·
<u>any</u>					<u> </u>						· · · · · · · · · · · · · · · · · · ·
(12)					<u> </u>						
(13)		ļ —	T		t						***************************************

TEEA0107L 08/08/17

Form 990 (2017)

BAA

Transvill Section A. Unicers, Directors, 171	(B)	1		(0		03, 0	4111	inghest con	iperisatea Ein	Projects (community)
(A) Name and title	Average hours per week	1 DOX	not ci , unles cer an	Pos neck	intron more rson irrect	is boll or/trus	tan lee)	(D) Reportable compensation from	(E) Raportable compensation from	(F) Estimated amount of other
	(list any hours for related	or director	Institutional truster	Officer	Key employee	Highest can employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	compensation from the organization and related organizations
	organiza - tions below dotted line)	Tousiee	al trustee		layee	ampensated				
<u> </u>							A			
(16)								100	<u> </u>	
(17)						Olfa A.				
(18)				Á						
(19)						-4				
(20)		7						7		
<u>@</u>				je.						
									<u> </u>	
(23)								15	,	
(2A)				4	ř					****
(25)				7						
1 b Sub-total							>	0.	0	The second secon
c Total from continuation sheets to Part VII, Section of Total (add lines 1b and 1c)	оп А						>	0. 0.	0 0	. 0.
Total number of individuals (including but not limited from the organization > 0	to those I	isted	abov	e) v	vho	recen	ved		10 of reportable con	mpensation
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru h individu	stee,	key	em	plo	/ee,	or h	ighest compensa	ted employee	Yes No
4 For any individual listed on line la, is the sum of the organization and related organizations greate such individual			mpe 00?	nsa If 'Y	tion es,	and com	oth ple	er compensation le Schedule J for	from	
5 Did any person listed on line 1a receive or accrumentations of the organization? If 'Yes	e comper , comple	satio	n fro	m ule	any <i>J lo</i>	unre r <i>suc</i>	late h p	d organization or erson	individual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compen- compensation from the organization. Report compen										
Name and business add		uie C	aici ii.	iar y	year	GILLI	iy v	Description		(C) Compensation
Cap Square Solutions LAC 3464 Park Street		ity.	OH	43	123		—	Consulting		120,900.
Creative Consulting PO Box 2850 Alexandria	, VA 22	301						Consulting		157,000.
Quincy Strategies INC 2430 4th St NE Washi	ngton,	DC 2	000	2				Consulting		210,000.
Scott Howell 3900 Willow St ste 200 Dallas	, TX 75	226			***		-4.*	Consulting		123,000.
Total number of independent contractors (including t \$100,000 of compensation from the organization	out not lim	ited t	o tho	se l	ister	abo	ve)	who received more	than	
BAA			37.12.	22.1	2.0					

	Check if Schedule O contains a response	onse or note to an	y line in this Part V	TILL	á a	
	Shear a series of Contains a respective		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated husinoss ruvenue	Revenue excluded from tax under sections 512-514
nts	1 a Federated campaigns 1 a			经验的经济		
£ 5	b Membership dues 1 b	jatantatahutaran muunun muunun muunun muun				
S, E	c Fundraising events 1c					
E E	d Related organizations 1 d			医侧性激素系统		植物物植物学学
S.E	e Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	2,249,297.				
E P	g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f				l at a filt of the	
	II TOTAL AND THES 18-11	Business Code	2,249,297.			ras de la Santa Cardo Casta de marca de la Cardo
Program Service Revenue	2a			E-177 PER	District Co.	
8	b	-		()	7	,
2	6					-
3	d					
E	•			7		
8	f All other program service revenue	<u> </u>	N.	N /47	2000 Ct - 000 Line and Line an	
-0.	g Total. Add lines 2a-2t					
	 Investment income (including dividends other similar amounts) 	, interest and		b.	:	
	4 Income from investment of tax-exempt	bond proceeds				:
	5 Royalties					
	(i) Real	(ii) Personal	验证明证明			CONTRACTOR OF THE
	6a Gross rents	4,				
	b Less rental expenses				V Shirt and	The state of the s
	c Rental income or (loss)	L				
	d Net rental income or (loss)	(ii) Olher	VIAL MINNEY PER CONSTRUCTION	Colonias unicitadamento	KOPO DELLECTURA DE SERVICIO	Philadelegi domanas such de Vicalana el
	7 a Gross amount from sales of assets other than inventory			area e e e e	i i i i i i i i i i i i i i i i i i i	
	b Less cost or other basis					
	and sales expenses					
•	c Gain or (loss)	47		医多类性纤维		多的特别的影響等
	d Net gain or (loss)	>				
2	8 a Gross income from fundraising events	1		医医尿管管侧线		
verue	(not including \$of contributions reported on line 1c).					
	See Part IV, line 18					
Other Re	b Less direct expenses			Spirit grant	经存储的	
8	c Net income or (loss) from fundraising ev	vents >			Res Assessment Resources a resource	A CONTROL OF THE PROPERTY OF THE
	9 a Gross income from gaming activities, See Part IV, line 19			医阴心性多类		
	b Less direct experises b	ļ <u> </u>		Kall John Mark		
	c Net income or (loss) from gaming activi-	ties			AND THE PROPERTY AND THE PARTY AND THE P	
	10 a Gross sales of inventory, less returns and allowances a		71.0			
	b Less: cost of goods sold b		esta esta esta de la compansión de la comp	动物的复数形式		李安东罗尔科 岛
	c Net income or (loss) from sales of inver	ntory -				
	Miscellaneous Revenue	Business Code	BANDAR TANKS	entrone index.		and Mill (1964)
	11a				<u>.</u>	
	B					
	d All other revenue				<u> </u>	
	e Total, Add lines 11a-11d.	-		Vacanta (Liena de Liena Li	WANTED THE REPORT	PARING REPORT HOPER
	12 Total revenue. See instructions	. •	2,249,297.		0.	
BAA		TEE	1 2,243,291. A0109L 08/08/17	<u> </u>	<u> </u>	Form 990 (2017)

Form 990 (2017) FREEDOM FRONTIER

Part X Statement of Functional Expenses

Seci	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a			omplete column (A).	X X
Doi	not include amounts reported on lines	(A)	(B)	(C)	(D)
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	261,109.	261 109 /		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	201,103.	201,105		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.		0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.		0.	0.
7	Other salaries and wages			The state of the s	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		. /		
10	Payroll taxes	€			
11	Fees for services (non-employees)				
	Management Legal	100.000		100 000	<u>.</u>
	: Accounting	123,392. 1,020.		123,392.	*
	Lobbying	1,020		1,020.	
i e	Professional fundraising services. See Part IV, line 17	A1 10 11 11 11 11 11 11 11 11 11 11 11 11	MONTH OF THE STATE		
ं।	Investment management fees		her on the control and to 200, the first a reconstruction.	LA MINISTRACIONALI I EL MANDO MUNICAMINA DE MANAGEMENTA DE LA MANAGEMENTA DEL MANAGEMENTA DE LA MANAGEMENTA DE LA MANAGEMENTA DE LA MANAGEMENTA DEL MANAGEMENTA DE LA MANAGEMENTA DEL MANAGEMENTA DE LA MANAGEMENTA DEL LA MANAGEMENTA DE LA MANAGEMENTA DEL MANAGEMENTA DEL MANAGEMENTA D	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (S) Ch	700,398.	700,398.	- I	
12	Advertising and promotion	7 100,330.	700,338.		***************************************
13	Office expenses	204.		204.	
14	Information technology				**************************************
15	Royalties				
16	Occupancy				
17	Travel	2,084.		2,084.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest Payments to affiliates		The state of the s		
21	Depreciation, depletion, and amortization	N - 1 - 20 - 1 - 20 - 1 - 20 - 20 - 20 -			
23	Insurance				TANKA MARIAN MAR
24	Other expenses: Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	YOTER RESEARCH	357,905.	357,905.		
.00	RESEARCH	356,567.	356,567.		
: C	ADVERTISING ADVIOLATION	<u> 187,741.</u>	187,741.		
	ISSUES ADVOCACY All other expenses	175,000. 23,646.	175,000. 22,790.	856.	
	Total functional expenses. Add lines 1 through 24e	2,189,066.	2,061,510.	127,556.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	2,200,000	2,002,525.	121,330.	
BAA	SOP 98-2 (ASC 958-720)				
****		TEEA0110L O	3/08/17		Form 990 (2017)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year	4	End of year
	1	Cash - non-interest-bearing	631,751	1	691,982.
	2	Savings and temporary cash investments		2	Y
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5.	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
22	. 7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges		9	· ·
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
ı	Ь	Less accumulated depreciation 10b		10 c	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
. [11	Investments – publicly traded securities		11	······································
- [12	Investments – other securities. See Part IV, line 11	49	12	
l	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	631,751.	16	691,982.
1	17	Accounts payable and accrued expenses		17	i i i i i i i i i i i i i i i i i i i
- 1	18	Grants payable Deferred revenue		18	
	19 20			19	
	21	Tax-exempt bond liabilities Escrow or custodial account liability, Complete Part IV of Schedule D	<u> </u>	20	
2	22			21	
Liabilities		Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated amployees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	7000
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
2		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		ê A	
iances	27	Unrestricted net assets	2021/01/2019/04	io ii	
룙	-	Temporarily restricted net assets	631,751.	27	691,982.
<u> </u>	28 29	Permanently restricted riet assets		28	
Ĕ		and the second s	CHECK THE TOTAL SECTION	29	
Net Assets or Fund Ba	20	and complete lines 30 through 34.			
器	30	Capital stock or trust principal, or current funds	:	30	
89	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
7	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances		32	
ž	20000	Total liabilities and net assets/fund balances	631,751.	33	691,982.
BAA		TOTAL HADMINES AND TREASSEISTURO DAIANCES	631,751.	34	691,982.
ort	1				Form 990 (2017)

Form 990 (2017) FREEDOM FRONTIER	45-1582354	Page	e 12
PartXX Reconciliation of Net Assets	<u> </u>		
Check if Schedule O contains a response or note to any line in this Part XI			П
1 Total revenue (must equal Part VIII, column (A), line 12)	1	2,249,29	7.
2 Total expenses (must equal Part IX, column (A), line 25)		2,189,06	
3 Revenue less expenses. Subtract line 2 from line 1	3	60,23	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	631.75	
5 Net unrealized gains (losses) on investments			
6 Donated services and use of facilities	6		
7 Investment expenses	7		
8 Prior period adjustments	8		
9 Other changes in net assets or fund balances (explain in Schedule O).	9		0.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part %, line 33, column (B))	70	691,98	2.
RartyXIII Financial Statements and Reporting		manananin maalaanin min	
Check if Schedule O contains a response or note to any line in this Part XII	The second second		П
1 Accounting method used to prepare the Form 990 X Cash Accrual Other	. <i>N</i> .	Yes I	No
If the organization changed its method of accounting from a prior year or checked 'Other,' explin Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accounts	ant?	2a	$\overline{\mathbf{x}}$
If 'Yes,' check a box below to indicate whether the financial statements for the year were compseparate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?		2b	x
If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a separate	S2 54 5 6	
basis, consolidated basis, or both			
Separate basis Consolidated basis Both consolidated and separate basis			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2c	
If the organization changed either its oversight process or selection process during the tax year in Schedule O.	r, explain		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?		3a	<u>x</u>
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to	the required audit		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36	
BAA		orm 990 (20	117

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Opposition

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.

Section 527 organizations Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, Ilne 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete

	xy Tax) (see separate in: Section 501(c)(4), (5), or			rax) (sec scharate matri	Culous of Culous	rais v _i micoop
, and the same of		OM FRONTIE			Employer Identification 45-158235	AV. 1 A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Par	til-AT Complete if th	ne organizatio	on is exempt under s	ection 501(c) or is a		
	Provide a description of	the organization	n's direct and indirect polit			
2	(see instructions for del		· • · · · · · · · · · · · · · · · · · ·	a dalah		11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
3	Political campaign activ		(see instructions) ctivities (see instructions)		* \$	121,109.
Par			n is exempt under s	ection 501(c)(3).		
1	Enter the amount of an	y excise tax incu	rred by the organization u	nder section 4955	Š	er nami etenti di inisi i eti inqueli kilipet (egeperen ete di escente).
2		the first of the same of the s	irred by organization mana		► \$	
3	If the organization incur	red a section 49	55 tax, did it file Form 472	0 for this year?		Yes No
	Was a correction made	• •	N.		•	Yes No
	If 'Yes,' describe in Par					
1			on is exempt under so the filing organization for s			
2			_		5 Mar 1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
- 6	function activities	ung Organizacion	s funds contributed to other	organizations for section 5	c/ exempt ►\$	121,109.
.3	Total exempt function e line 17b	xpenditures Add	lines 1 and 2 Enter here	and on Form 1120-POL	► \$	121, 109.
4	Did the filing organization					Yes X No
5	Enter the names, addre organization made pays amount of political contril segregated fund or a po	sses and emplo ments. For each butions received to butical action cor	yer identification number (organization listed, enter t not were promptly and direct numitiee (PAC). If additional	EIN) of all section 527 pt he amount paid from the ly delivered to a separate i il space is needed, provi	plitical organizations to w filing organization's fun- political organization, such de information in Part IV	thich the filing ds. Also enter the as a separate
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If	(e) Amount of political contributions received and
					organization's funds. If none, enter-0-	promptly and directly delivered to a separate political organization if none, enter -0-
	OHIO CONSERVATIVES CHANGE	FOR 284 N. Co Ashland,		82-129994	7 121,109.	
(2)				. 		
(3)		<u> </u>	AT THE REC. AND AND ADD	· 		
(4)			— — — — — — — — — — — — — — — — — — —			
(5)	ing kan		tion of the second seco			
(6)		4-3-4-	the state of the s	<u> </u>		
BAA	For Paperwork Reduction	n Act Notice, see	the Instructions for Form 99	0 or 990-EZ.	Schedule C (Fo	rm 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 201	¹⁷ FREEDOM FRO	INTIER		45-158	2354 Page
Rartill Atti Complete if section 501(the organizatio	n is exempt under se	ction 501(c)(3) and	filed Form 5768 (e	lection under
A Check ► I if the film	ig organization belon	gs to an affiliated group (and	list in Part IV each affili	ated group member's nam	е, 🧆
		d share of excess lobbying		***	
B Check > if the film	ng organization che	icked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobb expenditures' me	ying Expenditures ans amounts paid or incur	red.)	(e) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pu	iblic opinion (grass roots lo	bbying)	1 4 3 5	
b Total lobbying expendit	ures to influence a	legislative body (direct lob)	oying)		
c Total lobbying expendit	1.4 (0)	and 1b)			
d Other exempt purpose			/ \$45		e de la companya de l La companya de la co
e Total exempt purpose e	expenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable ar both columns	mount. Enter the an	nount from the following tal	ble in		
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable	amount is:	5000 PER 1	Salar Salar Salar
Not over \$500,000		20% of the amount on line le.			μ_{i}
Over \$500,000 but not over \$1	The state of the s	\$100,000 plus 15% of the excess		100 100 100 100 100	en de la companya de
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess	The state of the s	PARTICISM OF STREET	Zonia i na sina ana
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.	The state of the state of	
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable					
h Subtract line 1g from lin					
i Subtract line 1f from lin					
) If there is an amount other section 4911 tax for this	er than zero on either s year?	r line 1h or line 11, did the org	panization file Form 4720	reporting	Yes No
(Som	ne organizations the	4-Year Averaging Period I at made a section 501(h) el elow. See the separate inst	ection do not have to	complete all of the five	
		bying Expenditures During			
Calendar year (or fiscal year beginning in)	(a) 2014	(в) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))			2 4 1 1 1 ₀		
f Grassroots lobbying expenditures					
BAA				Schedule C (For	m 990 or 990-EZ) 201

	\$2321 7405100	1166	
or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes A	10	(b) Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum.			
unough the use of.			
a Volunteers?		- 2.00	$\mathcal{Z}_{i}(\zeta_{i},\zeta_{j})$
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		700	
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?	48.65		***************************************
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			riamii rome ,
i Other activities?			methidi.di.uu
j Total. Add lines 1c through 1i			
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	hanga ag		
bilf 'Yes,' enter the amount of any tax incurred under section 4912	NAME OF		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			daļķiasidas, ķeiriem minimu.
d If the filing organization incurred a section 4912 tax, did it tile Form 4720 for this year?	400000000000000000000000000000000000000		
attill As Complete if the organization is exempt under section 501(c)(4), section 5	11/cV5\ c		
section 501(c)(6).	n itehtali e	'4	
			Yes No
Were substantially all (90% or more) dues received nondeductible by members?	. "		1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2
Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e hrint vesi		3
and Bal Complete if the organization is exempt under section 501(c)(4), section 5	MANUEL A	<u> </u>	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (lanswered 'Yes.') Part III-	A, line 3,	is
Dues, assessments and similar amounts from members	T.		·····
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	.086	194	
expenses for which the section 527(f) tax was paid).			
expenses for which the section 527(f) tax was paid). a Current year		a .	-
expenses for which the section 527(f) tax was paid). a Current year		Za Za	olenikolen arana arana aran
expenses for which the section 527(f) tax was paid).		26	Allectivation and an annual
a Current year b Carryover from last year c Total		2 b 2 c	
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		26	
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the grount on the 2c weeks the amount on the 2 what section of the execution.		2 b 2 c	
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to framewer to the excess the organization agree to the organizatio		2 b 2 c 3	
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		2 b 2 c 3	
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 5033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		2 b 2 c 3	
a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) antity Supplemental Information		2 b 2 c 3 3 4 4 5 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to farming a report of the excess does the organization agree to farming a report of the excess does the organization agree to farming a report of the excess does the organization agree to farming a report of the excess does the organization agree to farming a report of the excess does the organization agree to farming a report of the excess does the organization agree to farming a report of the excess does the organization agree to farming a report of the excess does the organization agree to farming a report of the excess does the organization agree to farm or the excess does the organization agree to farming the excess does the organization agree to farm or the excess does the organization agree to farm or the excess does the organization agree to farm or the excess does the organization agree to farm or the excess does the organization agree to farm or the excess does the organization agree to farm or the excess does the organization agree to farm or the excess does the organization agree to farm or the excess does the organization agree to farm or the excess does the organization agree to farm or the excess does the organization agree to farm or the excess does not be a farmed to the		2 b 2 c 3 3 4 4 5 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	es: 1 and
a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) antity Supplemental Information		2 b 2 c 3 3 4 4 5 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	es:1 and
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expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 5033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		2 b 2 c 3 3 4 4 5 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	es 1 and
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 1 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) artify: Supplemental Information		2 b 2 c 3 3 4 4 5 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	es 1 and
a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) antity Supplemental Information		2 b 2 c 3 3 4 4 5 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	es 1 and
a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) antity Supplemental Information		2 b 2 c 3 3 4 4 5 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	es 1 and
a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) antity Supplemental Information		2 b 2 c 3 3 4 4 5 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	es 1 and
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 1 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) artify: Supplemental Information		2 b 2 c 3 3 4 4 5 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	es 1 and

SCHEDULE I

Grants and Other Assistance to Organizations,

OMB No 1545 0047

(Form 990)		Governments, and Individuals in the United States	
		Complete if the organization answered Yes' on Form 990, Part IV, line 21 or 22. > Attach to Form 990.	
Department of the Treasury Internal Reversus Service		- Go to www.frs.gov/Form990 for the latest information	
Name of the organization	FREEDOM FRONTIER		Employer identification null
Part IN General Ir	Rait]属 General Information on Graints and	and Assistance	
1 Does the organiza	Does the organization maintain records to substantiate the amount the selection criteria used to award the grants or assistance?	1 Does the organization maintain records to substantials the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?	*X
2 Describe in Part IV	V the organization's procedures for	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Partilly Grants an	nd Other Assistance to Do	Ratilly Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' or	answered 'Yes' or
Form 990,	, Part IV, line 21, for any i	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ace is needed.

1 (a) Name and address of organization or government	(S)	(e) IRC section	(46 Amount of cash grant	(e) Amount of non-cash assistance	(book, FMV, appraisal, other)	(g) Dascription of noncash assistance	(h) Purpose of grant or assistance
O BOX 10181 Columbus, OH 43201	45-2042274 50	501(©) (4)	135,000	0			GENERAL SUPPORT
(2)							
(<u>3)</u>							
(a)		- -					
9)				and the second s			
<u>@</u>				and the court of management of the court of			
(8)				ower at the post of the color o			
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table. 	3) and government or one listed in the line	ganizations listed ii 1 table	n the line 1 table				
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the instruction	s for Form 990.	c	TEEA3901L 08/10/17	71/01/80	Schedul	Schedule I (Form 990) (2017)

Page 2 Schedule I (Form 990) (2017) FREEDOM FRONTIER 45-1582354 (Established Part III) Grants and Other Assistance to Domestic Individuals. Complete If the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated it additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
m						
4						
ru						
9						
7	į	agencies n				
Partie C	artiV. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	e the information	required in Part I	Ine 2; Part III, co	umn (b); and any othe	r additional information.

Part IV - Additional Supplemental Information

The organization periodically monitors the use of gra

Schedule I (Form 990) (2017)

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

2017
Soperior Public Security Security

FREEDOM FRONTIER

Employer Identification number 45–1582354

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The mission of the organization is to support and advocate for free market solutions to the multitude of economic challenges that our country currently faces. The organization engages in grassroots advocacy and issues-oriented educational campaigns to further our goals across the country.

Form 990, Part III, Line 1 - Organization Mission

The mission of the organization is to support and advocate for free market solutions to the multitude of economic challenges that our country currently faces. The organization engages in grassroots advocacy and issues-oriented educational campaigns to further our goals across the country.

Form 990, Part VI, Line 11b - Form 990 Review Process

ORGANIZATION'S POLICY IS TO SEND THE 990 TO THE BOARD FOR REVIEW AND IT IS ALSO SENT TO THE ORGANIZATION'S LEGAL COUNSEL FOR REVIEW.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

EACH INTERESTED PERSON MUST DISCLOSE POSSIBLE OR ACTUAL CONFLICT OF INTEREST. AFTER DISCLOSURE, THE BOARD SHALL DECIDE IF A CONFLICT EXISTS. IF A CONFLICT DOES EXIST, THE BOARD WILL DETERMINE IF THE TRANSACTION CAUSING THE CONFLICT COULD BE AVOIDED BY STRUCTURING THE TRANSACTION WITH A PARTY THAT IS NOT AN INTERESTED PARTY, IF A MORE ADVANTAGEOUS TRANSACTION IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD WILL VOTE ON WHETHER THE TRANSACTION IS IN THE ORGANIZATIONS'S BEST INTERTEST.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THE ORGANIZATION'S POLICY IS TO MAKE ALL DOCUMENTS AVAILABLE IN ACCORDANCE WITH APPLICABLE FEDERAL AND STATE LAWS.

0.

(D) Fund-

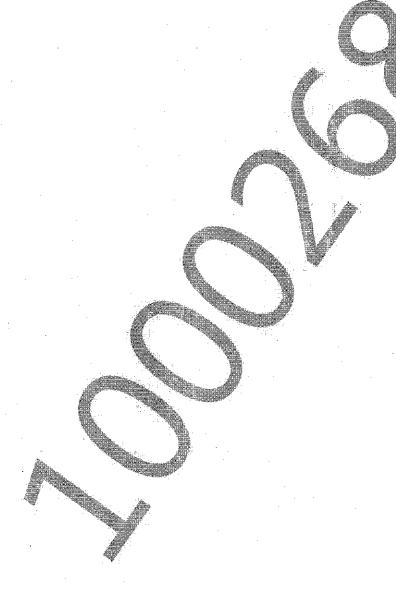
Name of the organization	
FREEDOM FRONTIER	

Employer identification number 45-1582354

<u>0. \$</u>

Form 990, Part IX, Line 11g Other Fees For Services

	(A)	(B) (C)
	Total	Program Managemen Services & Genera
Consulting	700,398.	700,398



Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the late	
Name of the organization		Employer identification number
FREEDOM FRONTIER		45-1582354
Organization type (check on	•	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(4) (enter number) or	ganization
	4947(a)(1) nonexempt charitable f	trust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundate	an 🔪
	4947(a)(1) nonexempt charitable	trust treated as a private foundation
	501(c)(3) taxable private foundation	on
Check if your organization is cov	vered by the General Rule or a Special Rule.	
Note. Only a section 501(c)(7	7), (8), or (10) organization can check boxes for both the	General Rule and a Special Rule. See instructions
General Rule		
X For an organization filing	Form 990, 990-EZ, or 990-PF that received, during the youtributor. Complete Parts I and II. See instructions for d	ear, contributions totaling \$5,000 or more (in money or
property) from any one of	ontributor. Complete Parts I and II. See instructions for d	etermining a contributor's total contributions.
La W		
Special Rules		
For an organization description of the control of t	ribed in section 501(c)(3) filing Form 990 or 990 EZ that ind 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 99 intributor, during the year, total contributions of the great 1h, or (ii) Form 990 EZ, line 1. Complete Parts I and II.	met the 33-1/3% support test of the regulations
received from any one co	intributor, during the year, total contributions of the great	er of (1) \$5,000 or (2) 2% of the amount on (i)
rorm you, Part VIII, line	In, or (ii) Form 990-E2, line 1. Complete Parts 1 and II.	
For an organization descri	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 9	990-EZ that received from any one contributor.
during the year, total con	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 9 tributions of more than \$1,000 <i>exclusively</i> for religious, cleanly of cruelty to children or animals. Complete Parts I,	haritable, scientific, literary, or educational
	smort of clocky to children of attitudes, complete Parts I.	and the
For an organization descri	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 9	200 E 7 West manifed them are any marketings
during the year, contribut	ions exclusively for religious, charitable, etc., purposes, b	out no such contributions totaled more than
\$1,000. If this box is ched	cked, enter here the total contributions that were received	during the year for an exclusively religious.
it received nonexclusively	Don't complete any of the parts unless the General Rule religious, charitable, etc., contributions totaling \$5,000 of	applies to this organization because
*	A Section 1	
	Section 4	
	A Section 1	
Caution. An organization tha	isn't covered by the General Rule and/or the Special Ru	les doesn't file Schedule B (Form 990, 990-EZ, or
Part I, line 2, to certify that it	t isn't covered by the General Rule and/or the Special Ru 'No' on Part IV, line 2, of its Form 990, or check the box doesn't meet the filling requirements of Schedule B (Form	on line H of its Form 990-EZ or on its Form 990-PF, m 990, 990-EZ, or 990-PF)
BAA For Paperwork Reduction Act	Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
		Authorization in Ar arous mans and and an State 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	enter de la companya	•
The same of the sa	38669	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)		Page	1 of 3 of Part I
FREEDOM FRONTIER		ARREV	82354
Part Contributors (see instructions). Use duplicate	copies of Part I if additional space is	needed.	
(a) Number Name, address, and	ZIP + 4	(c) Total contributions	Type of contribution
1		20,000.	Person X Payroll Noncash
	element.		(Complete Part II for noncash contributions.)
(a) Number		(c) Total contributions	(d) Type of contribution
2		50,000.	Person X Payroll Noncash
		2	(Complete Part II for noncash contributions.)
(a) Number		(c) Total contributions	(d) Type of contribution
3		47,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
Number (a)		(c) Total contributions	(d) Type of contribution
4		50,000.	Person X Payroll Noncash Complete Part II for
(a) Number		(c) Total contributions	(Complete Part II for noncesh contributions.) (d) Type of contribution
		18,000.	Person X Payroll Noncash (Complete Part II for
(a) Number		(c) Total	(d) Type of contribution
<u>6</u>			Person X Payroll Noncash (Complete Part II for
BAA	TEEA0702L 08/09/17	Schedule B (Form 99	noncash contributions.)

Schedule Name of orga	B (Form 990, 990-EZ, or 990-PF) (2017)	Page	2 of 3 of Part I
	M FRONTIER		582354
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
2		250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number		(c) Total contributions	(d) Type of contribution
8		100,000.	Person X Payroll
(o) Number		(e) Total contributions	(d) Type of contribution
9		\$ <u>10,000</u> .	Person X Payroll
(a) Number		(c) Total contributions	(d) Type of contribution
<u>10</u> _		\$25,000 <u>.</u>	Person X Payroll
(a) Number		(c) Total contributions	(d) Type of contribution
11		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number		(c) Total contributions	(d) Type of contribution
12.		\$175,000.	Person X Payroll
BAA	TEEA0702L 08/09/17	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Page	3 of 3 of Part I
FREEDOM FRONTIER		582354
Partie Contributors (see instructions). Use duplicate copies	of Part I if additional space is needed.	
(a) (b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
13_	\$	Person X Payroli
(a) Number	(c) Total contributions	(d) Type of contribution
14_	75,000.	Person X Payroli
Number	(c) Total contributions	(d) Type of contribution
	Second states stated states stated states stated states stated states stated states.	Person
(a) Number	(c) Total contributions	(d) Type of contribution
	\$	Person
Number	(c) Total contributions	(d) Type of contribution
		Person Payroll Noncash Complete Part II for noncash contributions
Number	(c) Total contributions	(d) Type of contribution
	\$	Person
BAA TEEAO?	02L 08/09/17 Schedule B (Form 9:	90. 990-EZ. or 990-PF\(2012)

to

of Part II

FREEDOM FRONTIER

Employer Identification number

45-1582354 Partill Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) N/A (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b)
Description of noncash property given (c)
FMV (or estimate)
(See instructions.) (d) Date received (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) BAA Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule 8	(Form 990, 990-EZ, or 990-PF) (2017)		Page 1 to 1 of Part III
	M FRONTIER		Employer Identification number 45-1582354
Partille	Exclusively religious, charitable, e or (10) that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	the year from any one contributor, completing Part III, enter the total of e. (Enter this information once. See ins.)	ions described in section 501(c)(7), (8), Complete columns (a) through (e) and rolusively religious, charglable, etc.
(a) No. from Part I	(b) Purpose of gift	Use of gift	Description of how gift is held
<u></u> +	N/A		
,	Transferee's name, addre	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part i	(b) Purpose of gift	Use of glift	(d) Description of how gift is held
*** *** *** ***			
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description of how gift is held
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of glift	(d) Description of how gift is held
		روايية القرار في القيار ويوالها المؤلفة القيار فقة المداعة الحداث المثان المثان المثان المثان المثان المثان ا والمراكب المراكب المراكبة المداكبة المراكبة المداكبة المداكبة المداكبة المداكبة المداكبة المثان المثان المثان	
-	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
BAA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Schedule R/Form 990 090 F7 no 990 053 (2017)